



NHS chief executives highlight 'climate of fear'

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NHS chief executives feel hampered by a lack of support in a system a majority believe is geared towards short-term solutions, *HSJ* research reveals.

A survey of 81 chief executives working across acute, mental health and community trusts shows many have experienced bullying. Significant numbers report that they are preoccupied with avoiding blame, with over a third saying that they feel unable to take risks or speak out.

In this climate, there is perhaps little wonder that 43 per cent of chief executives plan to leave their post in the next two years, 13 per cent of them in the next six months.

The survey also reveals a third of those in their first chief executive role have had no support. This is despite almost half of all respondents being in their first role as a chief executive.

Those working in the acute sector consistently fare worse than their mental health counterparts, with 40 per cent receiving no support, compared to 18 per cent in mental health.

At a time when the health service faces the need to make strategic decisions, especially about reconfiguration of services to promote sustainability and safety, 60 per cent of acute trust chief executives say the culture of management promotes short-term solutions. The comparable figure for mental health trusts is 31 per cent.

Almost two fifths of acute sector chief executives say they feel unable to speak out or take risks, compared to 19 per cent in the mental health sector.



Many respondents describe a “bullying culture”. One says this is taking place in the “strongest and tightest totalitarian grab for control from the centre... in my 18 years working in the NHS”.

Another respondent says: “A climate of fear pervades the NHS, driven by ruthless governance and accountability regimes that have little interest in achieving anything other than the avoidance of blame.”

Another adds: “The fear of speaking out is worse than I’ve known it in over 32 years in the NHS.”

NHS Confederation chief executive Mike Farrar said that although he was worried by the working culture reflected in the survey results he was not surprised by the comments.

“There are messages for all bits of the system here and we can’t ignore this survey; we have to do more to support leaders and encourage them to keep the faith,” he said.

“Bullying is a word whispered in the NHS. Nobody wants to operate under a climate of fear and everybody needs to have a zero tolerance approach.”

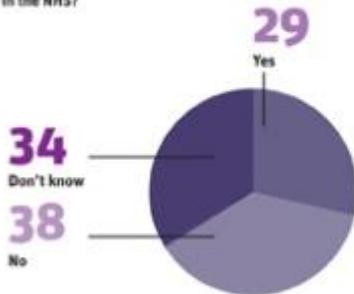
Commenting on the short-term approach and many chief executives’ plans to change job, Mr Farrar said this was “never a recipe for long-term success”.

The final report into the scandal of poor care at Mid Staffordshire Foundation Trust is due early in 2013 and could potentially recommend the statutory regulation of NHS managers. As many as 29 per cent of respondents to HSJ’s survey said they would support statutory regulation of chief executives, with 38 per cent against such a move and 34 per cent uncertain.

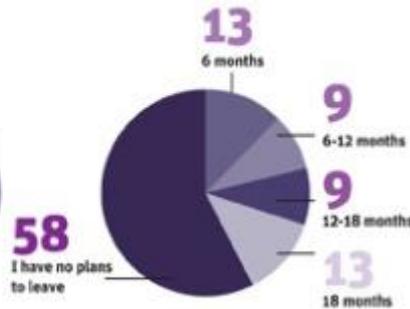
One chief executive says: “We all need to assure the public of the nature of our posts and our commitment to ensure safe delivery of patient care.”

CHIEFS ON... REGULATION AND MOVING JOB (%)

Would you support statutory regulation of chief executives in the NHS?



Are you planning to leave your post in the next...



Percentages may not add up to 100 due to rounding

Another added: “I think [statutory regulation] is inevitable, and we shouldn’t fear it. Good CEOs should have nothing to fear from it.”

But many questioned the motive for introducing statutory regulation, with one saying: “The chance of this getting abused by the system and politicians to bash managers seems very high to me. I don’t trust the system to do this properly and responsibly at the moment.”

Another said: “I can’t see any good reason for this except that the politicians would like it.”

In response, NHS Employers director Dean Royles said: “Intuitively I can see why having regulation of managers demonstrates appropriate standards but the challenge is the difference between theory and practice. How do you get it to work in practice?”

Mr Royles added: “This survey shows how important it is to recognise the challenging job CEOs have with a media that constantly denigrates them as grey suits only interested in the bottom right hand financial corner.

“Given the financial challenges and reorganisation going on in the NHS the leadership community are not atypical to the staff at the frontline; they feel the stress and pressure too.

MANY CHIEFS PLANNING TO LEAVE AND FEEL THEY NEED MORE SUPPORT

Type of trust	Acute	Mental health
Proportion planning to leave their job in the next two years	39%	38%
Proportion receiving no support	40%	18%
Proportion believing management culture promotes short-term solutions	61%	31%
Proportion feeling unable to speak out/take risks	39%	19%
Proportion supporting statutory regulation	25%	31%

“We need to stand up for how challenging a job it is.”

Of those surveyed, 54 per cent were planning major service reconfiguration in the next 12 months, with a third planning significant changes to their clinical leadership in this period.

An overwhelming majority, 93 per cent, said building stronger relationships with partner organisations was becoming a higher priority as the new commissioning structure emerged.

Chief executives on NHS culture

- “It’s a brutal world out there and there’s no sign that the centre is able to do anything other than shout louder so that we achieve ever more difficult targets.”
- “There sadly remains a bullying culture in parts of the NHS. As CEOs we see this and try and protect our organisations but there is no commitment from the top to change this culture.”
- “It’s about as bad as I have ever known it. It’s between a rock and an incredibly hard place.”
- “Short-termism gets in the way of real change. Strategy gets rewritten instead of implementing it.”
- “The culture is aggressive and undermining.”
- “There’s a climate of fear and threat.”
- “The worst aspects of the old system attitude to provider performance and plans are still in evidence and potentially getting more strident as April gets closer.”

Chief executives on their biggest challenges

- “Building relationships after the latest round of changing deckchairs.”
- “Clinical and financial viability in a climate of reducing tariff payments.”
- “Dealing with immature organisations and naivety.”
- “Diversifying enough to survive within the timescale that the reducing finances demand.”
- “Making enough surplus to satisfy Monitor while meeting standards.”
- “Money, politics and poor quality commissioning.”
- “Defining the model of a district general hospital in a rural location. Developing consultant-led care [and] 24/7 services.”
- “Ensuring commissioning is well informed in the next year to avoid poor, illogical, off-the-cuff decision making.”
- “Sufficient time to build relationships at a senior level. Changing the culture of the organisation to be more ‘can do’.”
- “Lack of people in post, lack of understanding of role, lack of experience amongst new commissioners. Complete absence of an environment which supports or enables transformational change in service delivery models.”
- “Keeping up with the changes! Managing patient care while there is so much turbulence. At the end of the day, the whole NHS is changing around us, but I can guarantee that patients will be wanting safe, prompt treatment tomorrow and beyond.”

Significant change on the way

Chief executives identify three main challenges in the survey: maintaining and improving quality and safety within the challenging financial regime; bringing their staff on the journey; and working across organisations.

The latter is especially important in light of the numbers of new bodies created by reforms and the relative immaturity of local partner organisations. It is no surprise then that 93 per cent of chief executives are giving higher priority to building strong relationships with partners.

As CEOs take the lead in developing the outward facing relationships required to lead system-wide transformational change, more leaders from within their organisation will need to take responsibility for the performance of their service lines.

To succeed, trusts must be able to clearly articulate their case for change and their approach to delivering it. We believe there are three strands to this:

- Cost reduction or turnaround programmes help organisations in the short term to increase financial control. However, they tend not to engage multiple tiers of leaders and only really focus on the financial dimension of change.
- Service line management engages much deeper into the organisation and affects all performance dimensions. This requires strong clinical leadership. It is noteworthy that a third of CEOs intend to make a significant change to the clinical leadership model in the next year.
- Cross organisational transformation fundamentally changes the way in which organisations interact and look after their customers to improve self-care, contact channels and flow. This can reduce costs while increasing quality, safety and patient experience.

Capita Consulting and Veredus are both very experienced in supporting transformational change. Veredus works with boards to identify leaders.

Capita Consulting works alongside these leaders to deliver the change.

Annette Sergeant is a director at Veredus, David Baker is a director at Capita Consulting